

California
Board of Behavioral Sciences

**MARRIAGE AND FAMILY THERAPIST
STANDARD WRITTEN EXAMINATION
HANDBOOK**



For Examinations July 1, 2003 and Later

REVISED 01/04

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FOR MORE INFORMATION

All questions about written examination scheduling
should be directed to:

Experior
1260 Energy Lane
St. Paul, MN 55108
TDD User: 800.790.3926
Voice: 800.897.2046

Questions about examination content or licensing
should be directed to:

Board of Behavioral Sciences
400 R Street, Suite 3150
Sacramento, CA 95814-6240
916.445.4933
Web site: www.bbs.ca.gov

GENERAL GUIDELINES AND INFORMATION

This handbook provides candidates with important information regarding the California Marriage and Family Therapist (MFT) Standard Written examination process and content. The Board strongly recommends that candidates thoroughly read and study this handbook to contribute to a successful examination experience.

Objective of the Board of Behavioral Sciences (BBS)

State licensing boards are mandated to protect the public by developing licensing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with California Business and Professions Code Section 4980.40, each applicant for the MFT license who meets the educational and experience requirements must successfully complete a Board-administered written or oral examination or both examinations. An applicant who successfully passes the initial "Standard" Written examination is subsequently required to take and pass the Written "Clinical Vignette" examination prior to issuance of the license. The Board does not currently require an oral examination.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods as applicable to the MFT scope of practice. Business and Professions Code section 4980.02, defines the MFT scope of practice as "...that service performed with individuals, couples, or groups, wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling. The applications of marriage, family, and child counseling principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable the individuals to mature and grow within marriage and the family, and the provision of explanations and interpretations of the psychosexual and psychosocial aspect of relationships."

MFT Examination Plan

The development of an examination program begins with an occupational analysis, most recently completed for MFTs in 2002. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs' Examination Validation Policy requires an occupational

analysis be performed every three to seven years. Last performed in 2002, the analysis began with interviews of licensees to gather information about the tasks that are performed in independent practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task and knowledge area associated with their own practice.

The questionnaires were mailed to 2,000 MFTs throughout California. Several panels of MFTs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid MFT examination plan.

The MFT Standard Written examination plan consists of six content areas listed on Page 7. In each content area, the examination plan describes examination content in terms of task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

Examination Development

The MFT examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists trained to develop and analyze occupational licensing examinations. MFTs who participate in examination development and review workshops are referred to as "Subject Matter Experts" (SMEs). SMEs write and review multiple-choice items for the examination. SMEs are trained by OER staff in established examination development processes and measurement methodologies. The cooperative efforts among these members of the MFT profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

Establishing the Passing Standards

The MFT written examinations measure knowledge and skills required for MFT practice, and represents a standard of performance that MFT SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Standard Written examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on minimum

competence criterion that are defined in terms of the actual behaviors that qualified MFTs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of MFT SMEs also consider other factors that would contribute to minimum acceptable competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple-choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board

applies the same minimum competence standards to all licensure candidates. Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new examination version is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

THE EXAMINATION PROCESS

Examination Administration through Experior

The state of California has contracted with Experior Assessments, LLC (Experior®) of St. Paul, Minn., to conduct its examination program. MFT candidates may test at any of Experior's eight California testing centers, which are located in San Diego, San Francisco, Fresno, Fremont, Rancho Cordova, Van Nuys, Cerritos and Colton. Other testing site locations may be added based on anticipated candidate volume statewide.

All questions and requests for information about examination administration should be directed to:

Experior
1260 Energy Lane
St. Paul, MN 55108
TDD User: 800.790.3926
Voice: 800.897.2046

Scheduling the Examination

APPOINTMENTS AND CANCELLATIONS

Upon receipt of your notice of eligibility (printed on the back cover of this handbook), you must arrange the time and place for taking your Standard Written examination (original or retake) by calling 800.897.2046 between 5 a.m. and 6 p.m. Pacific time, Monday through Friday. You may take your examination at any California Experior testing center. Please see the maps on Pages 18 and 19. Appointments are available six days per week at most centers. Schedule your test early to get your preferred site and time, preferably within 90 days from the date of your notice of eligibility.

If you miss or are late for your appointment, you will forfeit your examination fee. If you need to change it between the time of scheduling and the test date, you must contact Experior three full working days before your appointment to allow time to refill your appointment slot. For example, if you are scheduled on a Thursday, you must call to reschedule by 6 p.m. the prior Friday. After that time, you must contact the

Board for instructions on rescheduling. You may reschedule your examination by calling Experior at 800.897.2046.

EXAMINATION ELIGIBILITY EXPIRATION

FIRST TIME EXAMINEES: Examination eligibility expires, and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.

RE-EXAMINATION APPLICANTS: Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

EMERGENCY CLOSURE

In the event of an emergency, Experior may need to cancel scheduled examinations. In this situation, Experior personnel will attempt to contact you via telephone; however, you may confirm your testing schedule by calling Experior at 800.897.2046. If a site is closed, exams will be rescheduled at your earliest convenience, at no additional cost to you. To reschedule your examination, call the toll-free number.

Taking the Standard Written Examination

Your examination will be given by computer at an Experior testing center. You should arrive at least 15 minutes before your scheduled appointment to allow time for you to sign in, verify your identification and have your photo taken. You will have a maximum of four hours to complete the examination. You do not need any computer experience or typing skills. You will have a personalized introduction to the testing system and an introductory lesson (tutorial) on the computer before you start your test. The tutorial does not count toward the time provided for your examination.

Experior's Web site provides an interactive demonstration of Experior's computer-based testing system. The demonstration is intended to give candidates an idea of the look and feel of the examination screens. It is not intended to be a study tool.

To view the demonstration, go to www.experioronline.com and click on *Other*, then choose *California*. Click *CBT Demo* on the right-hand side of the screen.

You must provide a valid form of identification before you may test. The identification must meet the following criteria:

- be government-issued (driver's license, state-issued identification card or military identification);
- have a current photo and your signature; and
- reflect the same name as the name used to register for the examination (including designations such as "Jr." or "III," etc.).

FAILURE TO PROVIDE APPROPRIATE IDENTIFICATION AT THE TIME OF THE EXAMINATION IS CONSIDERED A MISSED APPOINTMENT.

If you cannot provide the identification as listed above, contact Experior before scheduling your appointment to arrange for an alternative form of meeting this requirement.

Should you experience any disruption or difficulty during your examination, it is your responsibility to notify a proctor immediately so the situation may be resolved, if possible.

Examination Security

BBS SECURITY REQUIREMENTS

The BBS and the OER are committed to maintaining the security and confidentiality of all examination materials during every phase of development, implementation and storage. If a candidate is found in violation of any security procedure, the following actions may be taken: the candidate's results may be delayed; the candidate's examination materials may be voided; and/or the candidate's application for future examinations may be denied. The BBS strictly enforces examination security, and will prosecute any individual who has been determined to be in violation of statutes pertaining to security.

Prior to receipt of your notice of eligibility for the Standard Written examination, you will be required to sign a security agreement. When you sign this agreement, you are affirming that you fully understand your responsibility to uphold examination security in accordance with Business and Professions Code section 496. A violation of any of the following rules will result in disqualification as a candidate and could result in an administrative action and/or denial of a MFT license by the BBS.

Candidates are not permitted to discuss the content of the examination nor remove examination materials from the testing sites at any time. All examinations and related materials are copyrighted by the BBS and Experior. All examination materials are confidential.

A candidate taking the MFT licensing examination is required to follow the provisions of Business and Professions Code

sections 123 and 584, and is NOT allowed to do any of the following:

- have an impersonator take the examination on one's behalf;
- impersonate another to take the examination on that person's behalf;
- communicate examination content to another examinee or any person other than BBS examination staff;
- reproduce or make notes of examination materials and/or content, or reveal such information to others who are preparing to take the MFT examination, or to those who are preparing other candidates to take such an examination; or
- obstruct the administration of the examination in any way.

EXPERIOR SECURITY PROCEDURES

The following security procedures will apply during the examination:

- examination contents are confidential and proprietary. No cameras, notes, tape recorders, pagers or cellular phones are allowed in the testing room;
- no programmable calculators are permitted;
- no guests, visitors or family members are allowed in the testing or reception areas; and
- no valuables or weapons should be brought to the testing center. Only keys and wallets may be taken into the testing area. Experior is not responsible for items left in the reception area.

FAILURE TO FOLLOW ANY OF THESE SECURITY PROCEDURES MAY RESULT IN THE DISQUALIFICATION OF YOUR EXAMINATION. EXPERIOR RESERVES THE RIGHT TO VIDEOTAPE ANY EXAM SESSION.

Special Test Considerations

ACCESSIBILITY

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

EXAMINATION ACCOMMODATIONS

The Board and Experior recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodations.

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

HOW TO REQUEST ACCOMMODATIONS

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at www.bbs.ca.gov/bbsforms.htm. Do not call Experior to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

Study Materials and Courses

The MFT Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the Board's Web site at www.bbs.ca.gov.

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination, and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have on your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone. Examination preparation providers are regulated by the Bureau for Private, Post-Secondary and Vocational Education.

Examination Items

The MFT Standard Written examination contains no fewer than 175 multiple-choice items. The examination may contain additional items for the purpose of pre-testing (up to 25 non-scoreable items). Pre-testing allows performance data to be gathered and evaluated before the items are scoreable in an examination. These pre-test ("experimental") items, distributed throughout the examination, WILL NOT be counted

for or against you in your examination score and will not be identified to you.

All of the scoreable items in the Standard Written examination have been written and reviewed by MFTs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

There is only one correct answer for each item. The 'incorrect' answers are typically common errors and misconceptions, true but not relevant statements or incorrect statements. There are no 'trick' questions in the examination.

EXAMPLE STANDARD WRITTEN EXAMINATION ITEMS

To follow are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires the candidate to select the correct answer from among the four options provided.

1. A client begins arriving early for sessions, dressing more stylishly and asking questions about the therapist's personal life. What action should the therapist take?
 - A. Stay focused on treatment goals.
 - B. Discuss therapeutic relationship with client.
 - C. Advise that these behaviors are inappropriate.
 - D. Consult with colleague regarding countertransference.
2. A 36-year-old woman who was involved in an auto accident 5 months ago is referred by her physician. She is unable to sleep, has headaches and nightmares and has lost her appetite. What diagnosis characterizes the symptoms?
 - A. Adjustment disorder
 - B. Major depression
 - C. Generalized anxiety disorder
 - D. Post traumatic stress disorder
3. A couple presents with a history of conflict. They accuse each other of behaving like their respective parents. Which of the following interventions could the therapist use to help the couple understand the impact of their parents on their present situation?
 - A. Create an enactment of one of their arguments
 - B. Construct a genogram of at least two of their generations
 - C. Reframe their conflict as each attempting to control the other
 - D. Interpret their conflict as an expression of abandonment anxiety

4. A client is in therapy because of problems at work and an inability to concentrate. During the fourth session, she begins to cry uncontrollably. She reveals that her husband has been physically abusive towards her for several years. Which of the following steps should the therapist take to assist the client?
 - A. Explore family patterns of past abuse
 - B. Explore high risk factors of leaving the relationship
 - C. Help the client establish a plan of action to escape the abuse
 - D. Create a narrative to help the client detach from the abusive relationship
5. A therapist finds herself overwhelmed by disturbing images of her sister's death each time a particular client begins to describe her own bereavement. How should the therapist manage the situation?
 - A. By discontinuing treatment because the therapeutic neutrality has been compromised
 - B. By focusing the therapy on the therapist's own experiences with death
 - C. By encouraging the client to discuss less emotionally reactive material
 - D. By seeking professional help to address unresolved issues
6. An older couple comes to therapy. The husband reports that since he retired one year ago, he spends much of his time completing his wife's daily chores. He does not understand why she is so upset all the time. "I feel so useless," she says. What intervention would address their dilemma?
 - A. Help them set more adaptive boundaries so they can shape new roles for themselves
 - B. Reframe her uselessness as an attempt to distract her husband from his feelings of loss
 - C. Encourage the wife to involve herself in volunteer activities so she will feel more useful
 - D. Encourage the husband to obtain part-time employment to divert his attention from his wife

Correct Answers: 1-B; 2-D; 3-B; 4-C; 5-D; 6-A.

Understanding the Examination Results

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

IF YOU FAIL THE EXAMINATION

The score report will indicate the candidate's overall score and grade, including the number of items answered correctly. It also reveals how the candidate performed on each major section of the test as defined by the MFT Examination Plan. The number correct in each content area is displayed. The primary purpose in providing a subscore for each part of the examination is to guide candidates in areas requiring additional preparation for re-testing.

A raw score is reported, but the percentage achieved may be determined by dividing the number of scoreable items answered correctly by the total number of items in the examination. A sample breakdown is provided on the paper licensing Examination Score Report shown below.

License Examination Score Report for Sample, Sarah A.		
California Marriage and Family Therapist Standard Written Examination		
	Number of Items	Number Correct
MFT Total Test Score	175	104
Clinical Evaluation.....	49	23
Crisis Management	23	16
Treatment Planning.....	17	7
Treatment.....	33	25
Ethics	23	18
Law	30	15
		Score: 104 Grade: Fail

To determine the percentage achieved in the above sample, divide 104 by 175 ($104 \div 175 = 59\%$). Candidates may call or write to Experior to request a duplicate of the score report for a period of one year after completing the examination.

The BBS welcomes constructive feedback from candidates regarding their examination experience. Feedback must be submitted in writing within 30 days after the examination to: Board of Behavioral Sciences, 400 R Street, Suite 3150, Sacramento, CA, 95814-6240. All correspondence should include the candidate's name, address, daytime telephone number, name of examination and date taken, examination site and BBS file number.

Examination Administration Complaints

Exterior's goal is to provide a comfortable and professional testing experience for every candidate. If a disruption or problem occurs which you believe will substantially impact the outcome of your examination, your concerns must be documented on the exit survey at the end of your examination. It is suggested that such events also be documented on a Candidate Comment Form available at all test centers.

The Candidate Comment Form is self-addressed to the Department of Consumer Affairs, Office of Examination Resources, and will be forwarded to the BBS. Complete all information requested on the Candidate Comment Form, stamp and mail it. If you request to be contacted regarding your comments, the BBS will contact you within 15 days of receiving the form.

The Candidate Comment Form is also a means for candidates to provide constructive feedback regarding the examination experience and/or comment on examination content.

Re-examination

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with result notices at Exterior testing centers, or may be obtained by contacting the BBS. A Request for Re-examination form will be mailed to candidates with delayed score reports.

To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 160 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period.

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Abandonment of Application/Ineligibility

FIRST TIME EXAMINEES: Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one year after being notified of eligibility." Abandonment of an application requires the candidate to submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: Title 16, California Code of Regulations Section 1833.3 states, "An applicant who fails any written or oral examination may, within one year from the date of that failure, retake that examination as regularly scheduled without further application upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination unless a new application is filed, meeting all requirements, and required fees are paid."

AFTER PASSING THE EXAMINATION

Application for Written Clinical Vignette Examination

Candidates are eligible to apply to take the Written Clinical Vignette examination after passing the Standard Written examination.

To apply, candidates must submit a "Request for Examination" (Clinical Vignette) and the required fee to the BBS. Request for Examination forms are provided with candidate result notices, are also available by contacting the Board, and online at www.bbs.ca.gov. A Request for Examination form will be mailed to candidates with delayed score reports.

Allow three weeks for processing of your Request for Examination and fee.

You will receive notification of eligibility to take the Written Clinical Vignette examination which will include the Written Clinical Vignette Examination Handbook. Handbooks will also be available online at www.bbs.ca.gov.

MARRIAGE AND FAMILY THERAPIST
Standard Written Examination Plan (Outline)
Effective July 2003

I. CLINICAL EVALUATION

28%

- A. INITIAL ASSESSMENT
- B. CLINICAL ASSESSMENT
 - 1. Developmental History
 - 2. Physical Condition
 - 3. Psychological Condition
 - 4. Family/Personal History
 - 5. Social Factors
- C. DIAGNOSIS

II. CRISIS MANAGEMENT

13%

- A. ASSESSMENT
- B. STRATEGIES

III. TREATMENT PLANNING

10%

- A. GOAL SETTING
- B. FORMULATION OF TREATMENT PLAN
 - 1. Theoretical Orientation
 - 2. Clinical Factors

IV. TREATMENT

19%

- A. THERAPEUTIC RELATIONSHIP
- B. INTERVENTIONS
 - 1. Theoretical Orientations
 - 2. Clinical Factors
- C. TERMINATION

V. ETHICS

13%

- A. INFORMED CONSENT
- B. THERAPEUTIC BOUNDARIES
- C. MANAGEMENT OF ETHICAL ISSUES

VI. LAW

17%

- A. CONFIDENTIALITY AND PRIVILEGE
- B. EXCEPTIONS
- C. PROFESSIONAL CONDUCT

MFT Standard Written Examination Plan

Effective July 2003

The following pages contain detailed information regarding examination content. A description of each content area, subarea and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item in the Standard Written examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

I. CLINICAL EVALUATION

Definition: This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context.

A. INITIAL ASSESSMENT

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy.• Identify unit of treatment (e.g., individual, couple, family) to determine a strategy for therapy.• Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.• Evaluate client's previous therapy experience to determine impact on current therapeutic process.• Identify human diversity factors to determine how to proceed with client's treatment.• Assess for indicators of substance use, abuse, and dependency to plan for client's treatment.• Assess the impact of client's substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.	<ul style="list-style-type: none">• Therapeutic questioning methods• Active listening techniques• Procedures to gather initial intake information• Observation techniques to evaluate verbal and nonverbal cues.• Factors influencing the choice of unit of treatment• Impact of cultural context on family structure and values• Role of client motivation in therapeutic change• Techniques to facilitate engagement of the therapeutic process with involuntary clients• Effects of previous therapy on current therapeutic process• Effects of human diversity factors on the therapeutic process• Cultural beliefs regarding therapy and mental health• Impact of cultural context on family structures and values• Criteria for classifying substance use, abuse, and dependency• Effects of substance use, abuse, and dependency on psychosocial functioning and family relationships• Impact of substance use, abuse, and dependency on affective, behavioral, cognitive, and physical functioning

B. CLINICAL ASSESSMENT

1. Developmental History

TASKS
<ul style="list-style-type: none"> Gather information regarding developmental history to determine impact on client's functioning.

KNOWLEDGE OF:
<ul style="list-style-type: none"> Developmental processes of individual growth and change Behavioral and psychological indicators of developmental disorders Stages of family life-cycle development

2. Physical Condition

TASKS
<ul style="list-style-type: none"> Gather information regarding physical conditions or symptoms to determine impact on client's presenting problems. Evaluate client's medical history and current complaints to determine need for medical referral.

KNOWLEDGE OF:
<ul style="list-style-type: none"> Effects of physical condition on psychosocial functioning Relationship between medical conditions and psychosocial functioning Effects of physical condition on psychosocial functioning Psychological features or symptoms that indicate need for a medical evaluation

3. Psychological Condition

TASKS
<ul style="list-style-type: none"> Administer mental status exam to identify client's mood and levels of affective and cognitive functioning. Identify client's thought processes and behaviors that indicate a need for psychiatric referral. Identify client's affective, behavioral, and cognitive functioning that indicates a need for referral for testing.

KNOWLEDGE OF:
<ul style="list-style-type: none"> Administration and application of informal mental status examinations Psychological features or behaviors that indicate need for a psychiatric evaluation Affective, behavioral, and cognitive factors that indicate need for further testing

4. Family/Personal History

TASKS
<ul style="list-style-type: none"> Explore human diversity issues to determine impact on client functioning. Gather information regarding family history to assess impact of significant relationships and events on client's presenting problems. Gather information about family structure by evaluating impact of significant relationships and events. Gather information from other involved parties to contribute to development of a clinical impression of client.

KNOWLEDGE OF:
<ul style="list-style-type: none"> Implications of human diversity issues on client relationships Transitional stages of acculturation Techniques to collect family history Methods to assess impact of family history on family relationships Effects of family structure and dynamics on development of identity Impact of cultural context on family structure and values Methods to gather information from professionals and other involved parties

5. Social Factors

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Gather information regarding client's employment history to determine how patterns of behavior manifest in occupational settings. • Gather information regarding client's educational history to determine how patterns of behavior manifest in educational settings. • Assess primary caregiver's willingness and ability to support dependent client's therapy. • Gather information regarding social relationships to identify client's support systems. • Identify differences in degrees of acculturation to determine potential source of conflicts among client and family members. • Assess economic, political, and social climate to determine the impact on client's presenting problems and treatment. 	<ul style="list-style-type: none"> • Relationship between behavior and the work environment • Relationship between behavior and the educational setting • Techniques to identify the primary caregiver's level of involvement in therapy • Techniques to identify support systems within social network • Effects of acculturation on family structure and values • Transitional stages of acculturation • Impact of economic factors and stressors on presenting problems and treatment • Impact of the sociopolitical climate on the therapeutic process • Impact of psychosocial stressors on presenting problems and current functioning

C. DIAGNOSIS

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning. • Identify precipitating events related to client's presenting problems to determine contributing factors. • Assess impact of medication on client's current functioning to develop a diagnostic impression. • Compare clinical information with diagnostic criteria to differentiate between closely related disorders. 	<ul style="list-style-type: none"> • Diagnostic and Statistical Manual criteria for determining diagnoses • Procedures to integrate assessment information with diagnostic categories • The impact of psychosocial stressors on presenting problems and current functioning • The impact associated with onset, intensity, and duration of symptoms for developing a diagnostic impression • The impact of medication on physical and psychological functioning • Procedures to develop a differential diagnosis

II. CRISIS MANAGEMENT

Definition: This area assesses the candidate's ability to identify, evaluate, and manage crisis situations.

A. ASSESSMENT

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Identify nature of client's crises to determine what immediate intervention is needed.• Evaluate severity of crisis situation by assessing the level of impairment in client's life.• Identify type of abuse by assessing client to determine level of intervention.• Assess trauma history to determine impact on client's current crisis.• Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.• Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.• Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).	<ul style="list-style-type: none">• Techniques to identify crisis situations• Principles of crisis management• Methods to assess strengths and coping skills• Methods to evaluate severity of symptoms• Techniques to assess for grave disability of client• Criteria to determine situations that constitute high risk for abuse• Indicators of abuse• Indicators of neglect• Indicators of endangerment• Indicators of domestic violence• Effects of prior trauma on current functioning• Risk factors that indicate potential for suicide within age, gender, and cultural groups• Physical and psychological indicators of suicidality• Effects of precipitating events on suicide potential• Physical and psychological indicators of self-destructive and/or self-injurious behavior• Risk factors that indicate potential for self-destructive behavior• Methods to evaluate severity of symptoms• Risk factors that indicate client's potential for causing harm to others

B. STRATEGIES

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.• Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.• Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.• Identify resources (e.g., referrals, collateral services) to assist with management of client's crisis.	<ul style="list-style-type: none">• Procedures to manage client's suicidal ideation that do not require hospitalization• Techniques to provide suicide intervention in emergency situations• Strategies to reduce incidence of self-destructive/self-injurious behavior• Techniques (e.g., contract) to manage suicidality• Strategies to deal with dangerous clients• Strategies for anger management• Strategies to manage situations dangerous to therapists• Strategies to address safety in situations of abuse• Support systems to manage crisis• Referral sources to manage crisis• Methods to coordinate collateral services

III. TREATMENT PLANNING

Definition: This area assesses the candidate's ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model.

A. GOAL SETTING

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.Prioritize treatment goals to determine client's course of treatment.Identify evaluation criteria to monitor client's progress toward treatment goals and objectives.	<ul style="list-style-type: none">Means to integrate client and therapist understanding of the goals in treatment planningTechniques for establishing a therapeutic framework within diverse populationsFactors influencing the frequency of therapy sessionsStages of treatmentStrategies to prioritize treatment goalsMethods to formulate short and long-term treatment goalsThird party specifications (e.g., managed care, court mandated, EAP) impacting treatment planningCriteria to monitor therapeutic progressProcedures to measure qualitative and quantitative therapeutic changes

B. FORMULATION OF TREATMENT PLAN

1. Theoretical Orientation

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.	<ul style="list-style-type: none">Theoretical modalities to formulate a treatment planAssumptions, concepts, and methodology associated with a cognitive-behavior approachAssumptions, concepts, and methodology associated with a humanistic-existential approachAssumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused)Assumptions, concepts, and methodology associated with a psychodynamic approachAssumptions, concepts, and methodology associated with a systems approachAssumptions, concepts, and methodology associated with group therapy

2. Clinical Factors

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs. • Determine the need for referral for adjunctive services to augment client's treatment • Integrate medical information obtained from physician/psychiatrist to formulate treatment plan. • Integrate information obtained from collateral consultations (e.g., educational, vocational) to formulate treatment plan. • Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP). • Coordinate mental health services to formulate a multidisciplinary treatment plan. 	<ul style="list-style-type: none"> • Means to integrate client and therapist understanding of the goals in treatment planning • Techniques for establishing a therapeutic framework within diverse populations • Methods to assess client's ability to access resources • Methods to identify need for adjunctive services • Adjunctive services within community/culture to augment therapy • Methods to integrate information obtained from physician/psychiatrist • Methods to integrate information obtained from collateral sources (e.g., educational, vocational). • Issues related to the process of termination • Techniques to assess when to initiate termination • Impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination • Impact of combining treatment modalities in treating problems or disorders • Factors associated with use of a multidisciplinary team approach to treatment

IV. TREATMENT

Definition: This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with treatment plan and theoretical model.

A. THERAPEUTIC RELATIONSHIP

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Establish a therapeutic relationship with client to facilitate treatment.• Provide feedback to client throughout the therapeutic process to demonstrate treatment progress.	<ul style="list-style-type: none">• Components (e.g., safety, rapport) needed to develop the therapeutic relationship• Strategies to develop a therapeutic relationship• Impact of value differences between therapist and client on the therapeutic process• Strategies to acknowledge treatment progress

B. INTERVENTIONS

1. Theoretical Orientations

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Develop strategies consistent with systems theories to facilitate client's treatment.• Develop strategies consistent with cognitive-behavioral theories to facilitate client's treatment.• Develop strategies consistent with psychodynamic theories to facilitate client's treatment.• Develop strategies consistent with humanistic-existential theories to facilitate client's treatment.	<ul style="list-style-type: none">• Theory of change and the role of therapist from a systems approach• Use of interventions associated with systems theories• Theory of change and the role of therapist from a cognitive-behavioral approach• Use of interventions associated with cognitive-behavioral theories• Impact of transference and countertransference dynamics• Theory of change and the role of therapist from a psychodynamic approach• Use of interventions associated with psychodynamic theories• Theory of change and the role of therapist from a humanistic-existential approach• Use of interventions associated with humanistic-existential theories

2. Clinical Factors

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Develop strategies to include the impact of crisis issues on client's treatment. • Develop strategies consistent with developmental theories to facilitate client's treatment. • Develop strategies to address client issues regarding lifestyle into treatment. 	<ul style="list-style-type: none"> • Intervention methods for treating substance abuse • Intervention methods for treating abuse (e.g., child, elder) within families • Intervention methods for treating the impact of violence (e.g., rape, terrorism, Tarasoff) • Interventions for treating situational crises (e.g., loss of job, natural disasters, poverty) • Use of interventions associated with developmental processes (e.g., cognitive, moral, psychosocial) • Techniques to assist client to adjust to cognitive, emotional, and physical changes associated with the life cycle (e.g., children, adolescents, elders) • Techniques to address variations in the life cycle process (e.g., divorce, blended families, grief/loss) • Impact of value differences between therapist and client on the therapeutic process • Approaches to address issues associated with variations in lifestyles (e.g., gay, lesbian, bisexual, transgender)

C. TERMINATION

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none"> • Determine client's readiness for termination by evaluating whether treatment goals have been met. • Develop a termination plan with client to maintain gains after treatment has ended. • Integrate community resources to provide ongoing support to the client following termination of treatment. 	<ul style="list-style-type: none"> • Changes in functioning that indicates readiness to terminate therapy • Issues related to the process of termination • Techniques to assess when to initiate termination • Techniques to maintain therapeutic gains outside therapy • Relapse prevention techniques • Methods to integrate available community resources into treatment planning

V. ETHICS

Definition: This area assesses the candidate's ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client.

A. INFORMED CONSENT

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Address client's expectations about therapy to promote understanding of the therapeutic process.• Discuss management of fees and office policies to promote client's understanding of treatment process.• Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.• Inform parent/legal guardian and minor client about confidentiality issues and exceptions.	<ul style="list-style-type: none">• Approaches to address expectations of the therapeutic process• Cultural differences which may affect the therapeutic alliance• Methods to explain management of fees and office policies• Methods to explain confidentiality parameters• Methods to explain mandated reporting• Minor client's right to confidentiality and associated limitations

B. THERAPEUTIC BOUNDARIES

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Manage countertransference to maintain integrity of the therapeutic relationship.• Manage potential dual relationship to avoid loss of therapist objectivity or exploitation of client.• Manage client's overt/covert sexual feelings toward the therapist to maintain integrity of the therapeutic relationship.	<ul style="list-style-type: none">• Strategies to manage countertransference issues• Impact of gift giving and receiving on the therapeutic relationship• Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship• Implications of sexual feelings/contact within the context of therapy• Implications of physical contact within the context of therapy• Strategies to maintain therapeutic boundaries

C. MANAGEMENT OF ETHICAL ISSUES

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Manage confidentiality issues to maintain integrity of the therapeutic contract.• Manage client's concurrent relationships with other therapists to evaluate impact on treatment.• Manage clinical issues outside therapist's scope of competence in order to meet client needs.• Assist client to obtain alternate treatment when therapist is unable to continue therapeutic relationship.• Determine competency to provide professional services by identifying therapist's cognitive, emotional, or physical impairments.	<ul style="list-style-type: none">• Confidentiality issues in therapy• Effects of concurrent therapeutic relationships on treatment process• Criteria to identify limits of therapist's scope of competence• Areas of practice requiring specialized training• Ethical considerations for interrupting or terminating therapy• Alternative referrals to provide continuity of treatment• Effects of therapist's cognitive, emotional, or physical limitations on the therapeutic process

VI. LAW

Definition: This area assesses the candidate's ability to apply and manage legal standards and mandates in clinical practice.

A. CONFIDENTIALITY AND PRIVILEGE

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Maintain client confidentiality within limitations as defined by mandated reporting requirements.• Obtain client's authorization for release to disclose or obtain confidential information.• Comply with client's requests for records as mandated by law.• Comply with legal standards regarding guidelines for consent to treat a minor.• Assert client privilege regarding requests for confidential information within legal parameters.	<ul style="list-style-type: none">• Exceptions to confidentiality pertaining to mandated reporting requirements• Conditions and requirements to disclose or obtain confidential information• Laws regarding client's requests for records• Laws regarding consent to treat a minor• Custody issues of minor client to determine source of consent• Laws regarding privileged communication• Laws regarding holder of privilege• Laws regarding therapist response to subpoenas

B. EXCEPTIONS

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).• Report expressions of intent to harm by client to others as defined by mandated reporting requirements.• Assess client's level of danger to self or others to determine need for involuntary hospitalization.	<ul style="list-style-type: none">• Laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder)• Laws pertaining to mandated reporting of client's intent to harm others• Techniques to evaluate client's plan, means, and intent for dangerous behavior• Legal criteria for determining involuntary hospitalization

C. PROFESSIONAL CONDUCT

TASKS	KNOWLEDGE OF:
<ul style="list-style-type: none">• Provide information associated with provision of therapeutic services to client as mandated by law.• Maintain security of client's records as mandated by law.• Maintain documentation of clinical services as mandated by law.• Comply with legal standards regarding sexual contact, conduct, and relations with client.• Comply with legal standards regarding scope of practice in the provision of services.• Comply with legal standards regarding advertising to inform public of therapist's qualifications and services provided.	<ul style="list-style-type: none">• Laws regarding disclosing fees for professional services• Situations requiring distribution of the State of California, Department of Consumer Affairs' pamphlet entitled, "Professional Therapy Never Includes Sex"• Laws regarding security of client records• Laws regarding documentation of clinical services• Laws regarding sexual conduct between therapist and client• Laws which define scope of practice• Laws regarding advertisement and dissemination of information pertaining to professional qualifications and services

CALIFORNIA TESTING CENTERS

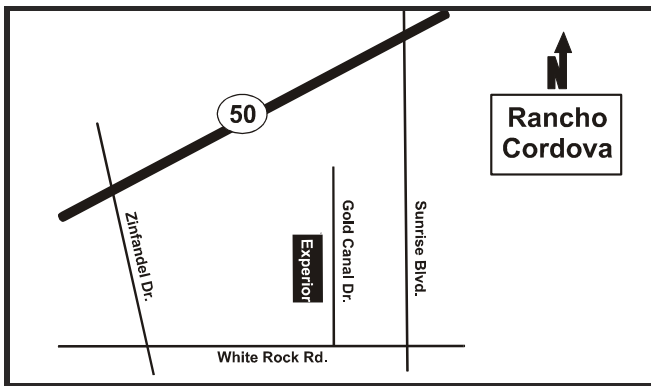
If you are unfamiliar with the area, please contact the testing center during testing hours for directions. Please direct registration, scheduling and any other questions to Experior at 800.897.2046.

MAPS ARE NOT DRAWN TO SCALE.

Rancho Cordova Center

3110 Gold Canal Drive, Suite E
Rancho Cordova, CA 95670
Phone: 916.851.8340

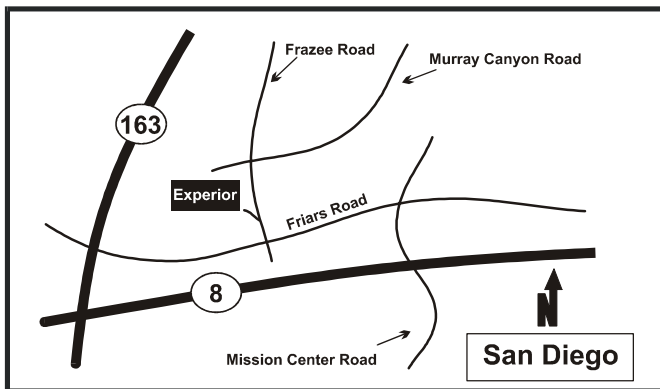
From Hwy 50, take either the Sunrise Blvd. or Zinfandel Dr. exit and head south. Turn on White Rock Rd. and turn again onto Gold Canal Dr. The Experior testing center is on your left. Turn into the first driveway on your left to park in front of the building. Additional parking is available around the building.



San Diego Center

1450 Frazee Road, Suite 410
San Diego, CA 92108
Phone: 619.574.1840

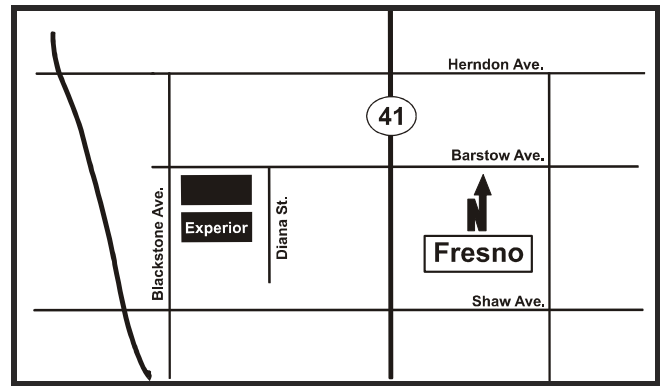
From Highway 163, take the Friars Road exit east to Frazee Road. Turn left (north) on Frazee Road. The Experior testing center is in the building on your left. Parking is available all around the building.



Fresno Center

125 E. Barstow Avenue, Suite 136
Fresno, CA 93710
Phone: 559.226.3334

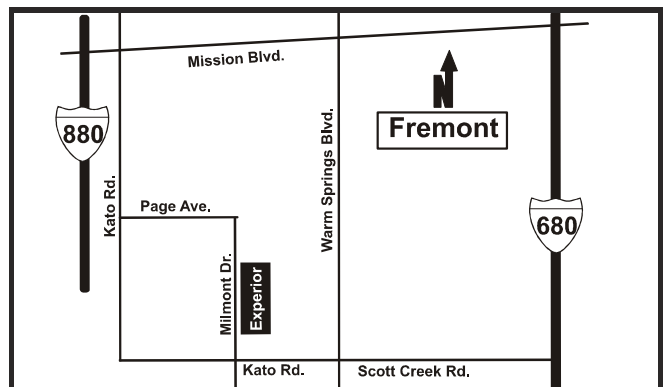
From Hwy 41, exit west on Shaw; turn right (north) on Blackstone. From northbound I-99, exit east on Shaw; turn left (north) on Blackstone. Turn right (east) on Barstow. At 125 E. Barstow, turn right on Diana, and then right into the parking area. The Experior testing center is located in the second building from Barstow. Parking is available around the building.



Fremont Center

48860 Milmont Drive, Suite 103C
Fremont, CA 94538
Phone: 510.687.0821

From I-880, take the Mission Blvd exit and head east; turn right (south) on Warm Springs Blvd, right again on Kato Rd and right again on Milmont Dr. From I-680, take the Scott Creek Rd exit and head west; Scott Creek Rd becomes Kato Rd; turn right on Milmont Dr. The Experior testing center is on your right. Parking is available around the building.



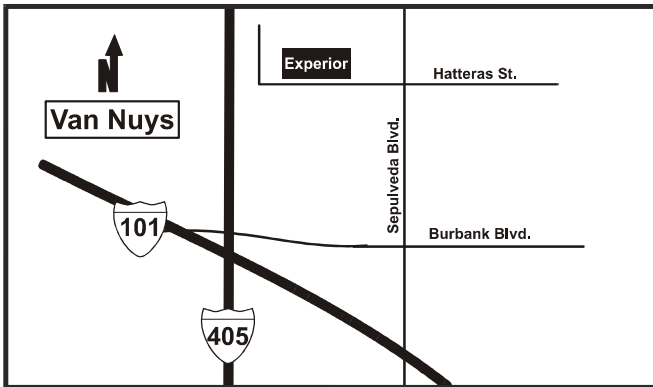
CALIFORNIA TESTING CENTERS (cont.)

Note: Maps are not drawn to scale.

Van Nuys Center

John Laing Holmes Building
5805 Sepulveda Blvd., Suite 601
Van Nuys, CA 91411
Phone: 818.781.9981

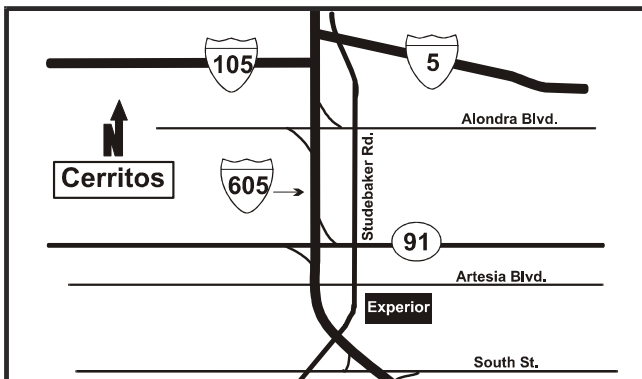
From I-405, take the Burbank Blvd exit and head east; turn left (north) on Sepulveda Blvd. The Experior testing center is located at the intersection of Sepulveda and Hatteras. Paid parking is available in the lot; free parking may be available on the street.



Cerritos Center

Caremore Building
18000 Studebaker Road, Suite 680
Cerritos, CA 90703
Phone: 562.860.1748

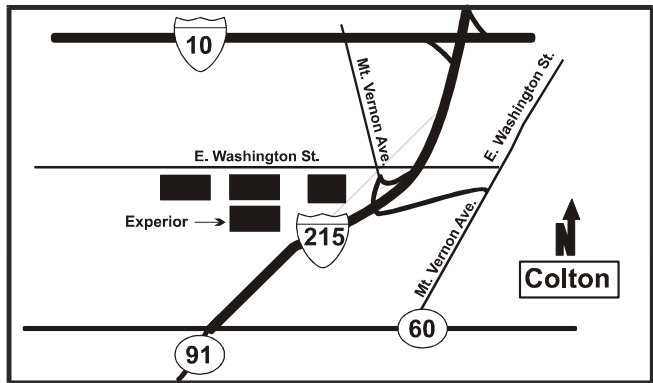
From I-605 South, take the Alondra Blvd exit, turn left (east) on Alondra Blvd and right (south) on Studebaker. From I-605 North, take the South Street exit; turn left (west) on South St. and right on Studebaker. Parking is available around the building.



Colton Center

Rancho Las Palomas
1060 E. Washington Street, Suite 110
Colton, CA 92324
Phone: 909.783.2255

From I-215, take the Mt. Vernon Ave. exit; head west on E. Washington. The Experior testing center will be on your left, in the 2-story Rancho Las Palomas building behind Del Taco. Parking is available around the building.



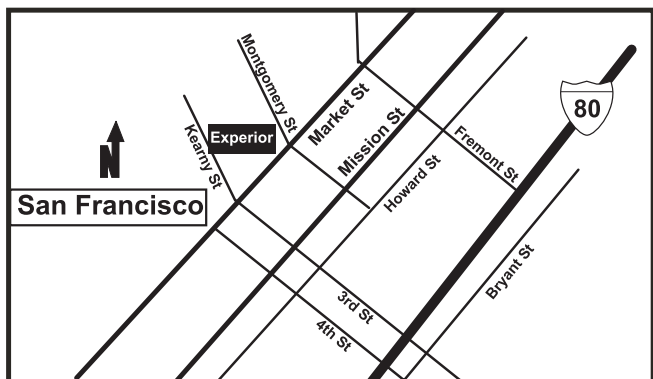
San Francisco Area Center

222 Kearny Street, Suite 603
San Francisco, CA 94108
Phone: 415.834.1357

From I-80 heading south, take the Fremont Street exit and turn left. At the first intersection, turn left onto Howard Street. Turn right onto 3rd Street, which becomes Kearny Street. Experior is on the right-hand side of the road.

From I-80 heading north, take the 4th Street exit toward Embarcadero. Turn a slight left onto Bryant Street, then left onto 3rd Street. 3rd Street becomes Kearny Street. Experior is on the right-hand side of the road. Parking is available nearby. Please be prepared to pay for your parking.

The nearest BART location is at the intersection of Montgomery Street and Market Street. The building is also accessible by MUNI.



BOARD OF BEHAVIORAL SCIENCES
400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240
TELEPHONE: 916.445.4933 TDD: 916.322.1700
WEBSITE ADDRESS: www.bbs.ca.gov



STATE OF CALIFORNIA
NOTICE OF ELIGIBILITY
(N-15 REV 12/03)

You are eligible to participate in the Standard Written examination for licensure as a Marriage and Family Therapist. This is the **ONLY** notice of eligibility you will receive from the BBS for this examination. Please retain it for your records. Your address label below contains important date information. In the upper left corner of the address label (above your name) is the date your application for examination was approved; following that is the date by which you must take your examination. You must take the Standard Written examination by the date specified on the label, or you will be required to reapply (see *Abandonment of Application/Ineligibility* on Page 6 of this handbook).

This handbook provides important information regarding Standard Written examination procedures and content. To schedule your examination, please refer to the instructions in this handbook. Schedule your examination early to get your preferred test center location and date, preferably within 90 calendar days of your eligibility date.

Upon passing the Standard Written examination, you are eligible to apply to take the Written Clinical Vignette examination. Please refer to Page 6 of this handbook for Written Clinical Vignette examination information.

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